## SISKIYOU ICE RINK 2024-2025 Nov. 16, 2024 - FEB. 23, 2025



☐ Ice Skate Passes: Includes skall ☐ Family*: \$310 ☐ Adult (18+): \$17	•		e w/ adult)
☐ Hockey "All-Access" Pass classes, practices & games, plus entrance to ☐ Family*: \$330 ☐ Adult (18+): \$19  * Family passes include up to 4 to adults	o all public skate sessions. Addition 0 Adult goalie free □ Youth (4-	al USA Hockey Membership 17)/Senior (65+): \$160 e at one household/ad	fee may apply, see box below.
Passholder'S  Please Print!  FIRST NAME, LAST NAME &	& Age:	,	
Required for Rink Admis	ssion		ckey Membership
Name:	Age: .		ckey participants, coaches and ired to become a USA Hockey member.
Name:	Age: .	Register onl	ine at usahockey.com
Name:	Age: .		
Name:	Age: .		
Family pass add on-\$35/additi	onal youth		ore information: , District office (530) 926-2494
Name:	Age: .		msrec.org/ice-rink
Name:	Age: .	Find us on Fa	acebook and Instagram
Name:	Age: <u>.</u>		
Mailing Address: Please print - Street Addre	cs City, St	ate & Zip Code	
Phone:	Emai	l:	
ail in Check (payable to MSRPD) P.C m)	) Box 314, Mt. Shasta, CA 9	6067 (include this	Amount Paid: \$ Circle Method:
ash or Check in person at the MS Di	strict office, 1315 Nixon Ro uring normal season opera		Cash CC Check #:

Passholders must check in at the rink's Ticket Window upon each visit during the season

Mt. Shasta Recreation & Parks District (MSRPD) and Friends of the Rink (FOR) bear no financial responsibility to the pass-holder(s) identified above due to unforeseen circumstances beyond the control of MSRPD and FOR which may jeopardize the rink operation during the 2024-2025 season (i.e. inclement weather, mechanical malfunctions, budgetary constraints).

### MOUNT SHASTA RECREATION AND PARKS DISTRICT

Siskiyou Ice Rink- Pickup Hockey Sessions (ages 16+)	November 16,	2024-February 23, 2025
Activity Name	Activity Dates	· · · · · · · · · · · · · · · · · · ·
Participant Name	-	
Address	_ Phone #	
Email	-	
Emergency Contact Phone#	-	
AGREEMENT, WAIV	ER, AND RELEASE	
In consideration for being permitted by the District to participated discharge any and all claims for damages for personal injury, hereafter accrue to me, as a result of participation in said activ (including its officers, employees, volunteers, and agents) from my participation in said activity, even though that liability may a part of the persons or entities mentioned above.	death, or property damage which ity. This release is intended to disc any and all liability arising out of	h I may have, or which may charge in advance the District or connected in any way with
It is further agreed that this waiver, release and assumption of assigns and that I shall indemnify and hold the District (include harmless from any loss, liability, damage, cost, or expense participation in said activity.	ling its officers, employees, volur	nteers, and agents) free and
Additionally, I fully understand that my participation in the above death, communicable diseases, illnesses, viruses, and/or preparticipating in this activity and agree to assume any such risks.		
PHOTOGRAPHIC RELEASE: I understand that photographs r permission to use any such photo(s) for advertising or in promoti	, ,	and hereby grant the District
PARENTAL/GUARDIAN CONSENT: (to be completed and sign	ed by parent/guardian if Participar	nt is under 18 years of age.)
I hereby consent that my son/daughter, and I hereby execute the above Agreement, Waiver, and Release participate in said activity. I hereby agree to indemnify and hold agents) free and harmless from any loss, liability, damage, cost with said minor's participation in said activity.	ise on his/her behalf. I state that s I the District (including its officers	aid minor is physically able to , employees, volunteers, and
I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AT AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A C AND I SIGN IT OF MY FREE WILL.		
Signature Name (Printed	)	Date

# MOUNT SHASTA RECREATION AND PARKS DISTRICT and MOUNT SHASTA ICEBREAKERS, INC (MSI)

Siskiyou Ice Rink - All Acc Activity Name	ess Pass for Hockey and Public Skate	November 16, 2024-February 23, 2025 Activity Dates
Participant Name		
Address	Phone #	
Email		
Emergency Contact Phone#		
	AGREEMENT, WAIVER, AND RE	LEASE
and discharge any and all claim hereafter accrue to me, as a red (including its officers, employee any and all liability arising out of of active or passive negligence of the further agreed that this was assigns and that I shall indemnis	ms for damages for personal injury, death, or esult of participation in said activity. This releases, volunteers, and agents) and MSI (including for connected in any way with my participation in carelessness on the part of the persons or entitiver, release and assumption of risk is to be fify and hold the District (including its officers, en	binding on my heirs, administrators, executors, and nployees, volunteers, and agents) and MSI (including
	ers, and agents) free and harmless from any los- vith my participation in said activity.	s, liability, damage, cost, or expense which may arise
•	es, viruses, and/or property damage. I hereby a	tivity exposes me to the risk of personal injury, death, acknowledge that I am voluntarily participating in this
	I understand that photographs may be taken to(s) for advertising or in promotional materials.	n during this activity and hereby grant the District
PARENTAL/GUARDIAN CONS	ENT: (to be completed and signed by parent/gu	ardian if Participant is under 18 years of age.)
in said activity. I hereby agree to (including its officers, employees	eement, Waiver, and Release on his/her behalf. o indemnify and hold the District (including its o	, participate in the above-referenced activity, and I state that said minor is physically able to participate officers, employees, volunteers, and agents) and MSI om any loss, liability, damage, cost, or expense which activity.
		AND FULLY UNDERSTAND ITS CONTENTS. I AM VEEN MYSELF AND THE ABOVE DISTRICT AND I
Signature	Name (Printed)	 

### MOUNT SHASTA RECREATION AND PARKS DISTRICT

Siskiyou Ice Rink -Ice Skating Lessons	Nov	ember 16,	2024-February 23, 2025
Activity Name		vity Dates	•
Participant Name			
Address	Phone #		
Email			
Emergency Contact Phone#			
AGREEMEN	NT, WAIVER, AND RELEASE		
In consideration for being permitted by the District to pulse discharge any and all claims for damages for person hereafter accrue to me, as a result of participation in sufficient (including its officers, employees, volunteers, and age my participation in said activity, even though that liability part of the persons or entities mentioned above.	al injury, death, or property da said activity. This release is inter nts) from any and all liability ari	mage whic nded to disc sing out of	h I may have, or which may charge in advance the District or connected in any way with
It is further agreed that this waiver, release and assumassigns and that I shall indemnify and hold the Distribution from any loss, liability, damage, cost, or participation in said activity.	ct (including its officers, emplo	yees, volur	nteers, and agents) free and
Additionally, I fully understand that my participation in death, communicable diseases, illnesses, viruses, a participating in this activity and agree to assume any su	ind/or property damage. I her	•	
PHOTOGRAPHIC RELEASE: I understand that photo permission to use any such photo(s) for advertising or i		his activity	and hereby grant the District
PARENTAL/GUARDIAN CONSENT: (to be completed	and signed by parent/guardian	if Participar	at is under 18 years of age.)
I hereby consent that my son/daughter, and I hereby execute the above Agreement, Waiver, a participate in said activity. I hereby agree to indemnify agents) free and harmless from any loss, liability, dam with said minor's participation in said activity.	and Release on his/her behalf. I and hold the District (including	state that satistics officers	aid minor is physically able to , employees, volunteers, and
I HAVE CAREFULLY READ THIS AGREEMENT, WA AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY FREE WILL.			
	e (Printed)		 Date

### MOUNT SHASTA RECREATION AND PARKS DISTRICT

Siskiyou Ice Rink - Ice Ska	te Pass for Public Skate Sessions	November 16, 2024-February 23, 2025
Activity Name		Activity Dates
Participant Name		
Address	Phone #	
Email		
Emergency Contact Phone#		
	AGREEMENT, WAIVER, AND RELE	EASE
discharge any and all claims hereafter accrue to me, as a re (including its officers, employe	for damages for personal injury, death, or propesult of participation in said activity. This release es, volunteers, and agents) from any and all liay, even though that liability may arise out of acti	referenced activity, I hereby waive, release, and perty damage which I may have, or which may e is intended to discharge in advance the District bility arising out of or connected in any way with we or passive negligence or carelessness on the
assigns and that I shall indem	nnify and hold the District (including its officers	ding on my heirs, administrators, executors, and , employees, volunteers, and agents) free and rise out of or connected in any way with my
death, communicable disease		ctivity exposes me to the risk of personal injury, e. I hereby acknowledge that I am voluntarily
	I understand that photographs may be taken on the taken of taken of the taken of taken of taken	during this activity and hereby grant the District
PARENTAL/GUARDIAN CONS	SENT: (to be completed and signed by parent/gu	uardian if Participant is under 18 years of age.)
and I hereby execute the above participate in said activity. I he	ve Agreement, Waiver, and Release on his/her be breby agree to indemnify and hold the District (in m any loss, liability, damage, cost, or expense v	, participate in the above-referenced activity, behalf. I state that said minor is physically able to including its officers, employees, volunteers, and which may arise out of or connected in any way
	RELEASE OF LIABILITY AND A CONTRACT BE	AND FULLY UNDERSTAND ITS CONTENTS. I TWEEN MYSELF AND THE ABOVE DISTRICT
Signature	Name (Printed)	 Date